Of Of Of OS PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or <u>Fax</u>

(703) 746-4000

	DE ADDRESS (Note: Use Block 1 for 590 06/02/2005	r any change of address)	E 4ps	Note: A certificate of Fec(s) Transmittal. T papers. Each addition have its own certificate.	of mailing can only be used f his certificate cannot be used nal paper, such as an assignm ate of mailing or transmission.	for domestic mailings of the for any other accompanying ent or formal drawing, must
P.O. BOX 828 BLOOMFIELD HI		(AUG 3	1 5002 F	I hereby certify that States Postal Service addressed to the Ms transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi all Stop ISSUE FEE address PTO (703) 746-4000, on the	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below.
9/02/2005 HDEMESS2 0000		SATENT & T	- OEMAR			(Depositor's name)
1 FC:1501 2 FC:1504	1400.00 DP 300.00 DP	<u> </u>	HAU			(Signature) (Date)
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,010	12/04/2001	Thomas P.			7784-000389	7721
APPLN. TYPE	SMALL ENTITY NO	ISSUE FI		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
<u> </u>)	\$300	\$1700	09/02/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	_	
ROSARIO	, DENNIS	2621		382-209000		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	RESIDENCE DATA TO E	BE PRINTED ON T	2 registere listed, no r THE PATENT	d patent attorneys or agents. In the same will be printed. (print or type)	f no name is 3	document has been filed for
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion	BE PRINTED ON T elow, no assignee of of this form is NOT	2 registere listed, no r THE PATENT data will app T a substitute	d patent attorneys or agents. In the same will be printed. (print or type)	gnee is identified below, the o	document has been filed for
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! The Boeir	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE ng Company	BE PRINTED ON T elow, no assignee of of this form is NOT (B	2 registere listed, no r THE PATENT data will app T a substitute 3) RESIDENC	d patent attorneys or agents. In the mane will be printed. (print or type) ear on the patent. If an assignment. EE: (CITY and STATE OR CO.) OO North Riversi	gnee is identified below, the o	go, IL 60606-159
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITHE BOEIT Please check the appropriate 4a. The following fee(s) are	RESIDENCE DATA TO E an assignce is identified b 37 CFR 3.11. Completion EE ng Company assignce category or category	BE PRINTED ON Telow, no assignee of this form is NOT	2 registere listed, no representation of the PATENT data will app F a substitute to RESIDENC linted on the potential potential for the potential potential for the potential f	d patent attorneys or agents. In the mane will be printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CO.) OO North Riversitatent): Individual (STATE)	gnee is identified below, the control of the contro	go, IL 60606-159
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET The Boein Please check the appropriate 4a. The following fee(s) are Issue Fee	RESIDENCE DATA TO E an assignee is identified b 37 CFR 3.11. Completion EE ng Company assignee category or categorenclosed:	BE PRINTED ON Telow, no assignee of this form is NOT (B) pries (will not be pri	2 registere listed, no representation of the PATENT data will app T a substitute at RESIDENC 1 (inted on the potential payment of RA check in the potential payment of RA check in the potential payment of RA check in the potential payment of the potential payment of RA check in the potential payment of the potential payment payment of the potential payment pay	ind patent attorneys or agents. In the patent of the printed. (print or type) ear on the patent. If an assignment. EE: (CITY and STATE OR CO North Riversitatent): Individual (STATE) Fee(s): In the amount of the fee(s) is earth.	gnee is identified below, the opening of the country) de Plaza, Chica Corporation or other private grandlesed.	go, IL 60606-159
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNET The Boein Please check the appropriate 4a. The following fee(s) are Issue Fee	RESIDENCE DATA TO E an assignee is identified b 137 CFR 3.11. Completion EE ag Company assignee category or categor enclosed: mall entity discount permitte	BE PRINTED ON Telow, no assigned of this form is NOT (Bories (will not be private (will not be private))	2 registere listed, no representation of the PATENT data will app of a substitute at the part of the part of the payment of the payment of Payment Payment	d patent attorneys or agents. In the printed. (print or type) ear on the patent. If an assig for filing an assignment. EE: (CITY and STATE OR CO North Riversitatent): Individual (STATE) Fee(s): In the amount of the fee(s) is early credit card. Form PTO-203	gnee is identified below, the opening of the country) de Plaza, Chica Corporation or other private grandlesed.	go, IL 60606-159 coup entity Government
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! The Boein Please check the appropriate 4a. The following fee(s) are lessue Fee Publication Fee (No see Advance Order - # of See Change in Entity Status	RESIDENCE DATA TO E an assignee is identified b 137 CFR 3.11. Completion EE ng Company assignee category or categorenclosed: mall entity discount permitted Copies	BE PRINTED ON Telow, no assigned of this form is NOT (Bories (will not be prided)	2 registere listed, no representation of the PATENT data will app T a substitute at the period of th	d patent attorneys or agents. In the patent of the printed. (print or type) ear on the patent. If an assignment. EE: (CITY and STATE OR CO North Riversitatent): Individual (STATE of Co) Fee(s): In the amount of the fee(s) is early credit card. Form PTO-203 ctor is hereby authorized by bount Number (1875)	gnee is identified below, the of DUNTRY) de Plaza, Chica Corporation or other private grandlessed. 88 is attached. charge the required fee(s), or (enclose an extra of the corporation)	go, IL 60606-159 coup entity Government credit any overpayment, to copy of this form).
"Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN! The Boein Please check the appropriate 4a. The following fee(s) are lessue Fee Publication Fee (No s Advance Order - # of 5. Change in Entity Status a. Applicant claims Sl	RESIDENCE DATA TO E an assignee is identified b 137 CFR 3.11. Completion EE ng Company assignee category or categor enclosed: mall entity discount permitter Copies (from status indicated above MALL ENTITY status. See	BE PRINTED ON Telow, no assignee of this form is NOT (Bories (will not be prided) 2) 37 CFR 1.27.	2 registere listed, no representation of the PATENT data will app T a substitute at the period of th	d patent attorneys or agents. In the patent attorneys or agents. In the patent of the patent. If an assignment. EE: (CITY and STATE OR COMPANY of the patent): DO North Riversitatent): Individual (Fee(s)): In the amount of the fee(s) is easily credit card. Form PTO-203 cotor is hereby authorized by bount Number (1888). The patent of the fee(s) is easily credit card. Form PTO-203 cotor is hereby authorized by bount Number (1888). The patent attorneys or agents. In the patents of the patents o	gnee is identified below, the opening of the properties of the pro	go, IL 60606-159 roup entity Government credit any overpayment, to copy of this form). CFR 1.27(g)(2).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Typed or printed name _

Mark D. Elchuk

Registration No.

33,686